

The Safety Net

DIVISION OF DEVELOPMENTAL DISABILITIES



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

A Quality Assurance Bulletin

WINTER 2013

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Equal Opportunity Employer/Program

Under Titles VI and VII of the Civil Rights Act of 1964 and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability.

The Department must make a reasonable accommodation to allow a person with a disability to take part in a program service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program of activity because of your disability, please let us know of your disability needs in advance if at all possible.

To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at (602) 542-6825; TTY/TTD Services: 7-1-1.

STANDING-TO-SEATED FLOOR RESTRAINT

TECHNIQUE PHASE-OUT EFFECTIVE JANUARY 1, 2013

Effective January 1, 2013, the Department of Economic Security Division of Developmental Disabilities is working with Service Providers to phase out use of the **STANDING-TO-SEATED BASKET WEAVE RESTRAINT** – known as a “Seated Restraint” in the CIT (Client Intervention Technique) Standards. It should not be confused with the approved “Seated Restraint” taught in Prevention and Support.

The specific technique being eliminated is one in which **the individual is placed from a standing to seated position on the floor or ground** with their arms crossed in front of them held by staff, with staff applying pressure from behind to fold the individual forward.

The Division reviewed the use of this particular emergency intervention technique across the nation and decided to eliminate its use in Arizona.

The major reasons for this decision include:

- **It is philosophically incompatible with the mission and values of the Division.**
- **There is a potential for serious injury, including asphyxiation, to the individual.**

In an October 4, 2012 letter, the Division asked all Service Providers to identify individuals served by the Division for whom the *Standing-to-Seated Basket Weave Restraint* technique has been used and offered assistance to identify alternative emergency techniques. Service Providers were instructed to work with ISP (Individual Support Plan) teams to design appropriate support for the identified individual.

If your agency has been unable to safely discontinue the use of the *Standing-to-Seated Basket Weave Restraint* emergency restraint for any individual by January 1, 2013, contact the Division's Training Unit for assistance in accomplishing this goal: dddstatewidetraining@azdes.gov.

DNR & ADVANCED CARE DIRECTIVE

END OF LIFE CARE PLAN

—Ceal Andersen, RN

HEALTH CARE SERVICES ADMINISTRATOR

What is a DO NOT RESUSCITATE (DNR) and ADVANCED CARE DIRECTIVE?

The Prehospital Medical Care Directive form — commonly known as the “Do Not Resuscitate”, “DNR”, or “Orange Form” — is used to direct emergency medical personnel not to administer Cardiopulmonary Resuscitation (CPR) in the event an individual stops breathing or their heart stops beating. The form allows an individual or their guardian to indicate that the following resuscitative measures are not to be used: cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of advanced cardiac life support drugs, and related emergency medical procedures.

What are the RULES regarding the decision for a DNR?

The law requires that the DNR form must be printed on orange paper and include the wording mandated by A.R.S. § 36-3251 and DES/DDD Policy Chapter 1504.

For individuals living in DD licensed group homes, the following also applies:

A.A.C. R6-6-806.C.10 (Do Not Resuscitate Orders)

- C. The licensee shall maintain records in the place of residence sufficient to document the current health status of the resident. These records shall include, at a minimum:
 10. A copy of “Do Not Resuscitate” orders, for each client, signed by the responsible person, if such an order has been effected.

What is the INTENT OF THE RULE?

If the legally responsible person has submitted a notarized advance directive related to a “Do Not Resuscitate” order for an individual in the setting, **the service provider is obligated to pass the order on to medical professionals in emergency situations.** This rule should **not** be interpreted to mean that direct care staff may make the decision not to resuscitate -- **this is a decision that can only be made by medical professionals.**

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REPORTING FRAUD IF YOU SUSPECT IT, REPORT IT!

—Courtney McFarland
OCR ADMINISTRATIVE SERVICES OFFICER

Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to oneself or some other person (42 CFR 455.2).

It is every person's responsibility to be alert and aware of possible fraudulent activities. Here are some examples of fraud by providers, members, and employees.

Providers might bill DDD for members who are no longer eligible, bill for higher procedure codes than what was actually performed (Upcoding), or providers could bill for more hours of services than were actually provided.

Member fraud may be committed by intentionally leaving out or misrepresenting information required in the eligibility determination.

Acts of employee fraud could be intentionally changing information on a case or submitting overtime hours that were not actually worked.

If you suspect that anyone has committed fraud, report it. Even if you do not have all the information it is always better to report partial information than to not report at all.

Report Division of Developmental Disabilities fraud to the Office of Compliance and Review (OCR) by:



Calling the free DES/DDD Fraud Hotline @ 1-877-822-5799
or the Office of Compliance and Review @ 602-542-0419



Reporting online at https://www.azdes.gov/report_fraud/



Mail the Office of Compliance and Review :
P.O. Box 6123 S/C 791A
Phoenix, AZ 85005



Fax to 602-364-2850



Report in person to the Office of Compliance and Review:
1789 West Jefferson Street (4th Floor)
Phoenix, AZ 85007

DNR & ADVANCED CARE DIRECTIVE

Continued...

WHO should have an End of Life Care Plan?

Everyone eighteen (18) years or older should have an Advanced Care Directive. Most people don't want to talk about the subject! Having an End of Life Plan will make sure an individual's health care wishes are carried out. It will ease the stress on family, loved ones, and DD staff.

One of the most important things when considering a DNR and Advanced Care Directive is to talk to your doctor about your health care wishes and document your wishes on an Advanced Care Directive form.

REMINDER: In the event of ANY consumer emergencies,

CALL 9-1-1 IMMEDIATELY!



is presented by Division of Developmental Disabilities' Central Office Quality Assurance Unit. Articles are researched and compiled by Quality Assurance staff and Division Managers. Any questions or feedback? Please contact Steven Stencil at SStencil@azdes.gov or 602-771-8113.

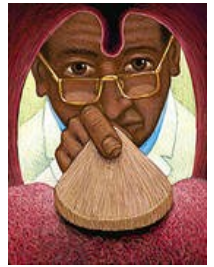
THAT BUG MAY NOT BE THE FLU!

NUMEROUS OTHER "WINTER" VIRUSES

—Annette Lammon-Belcher, R.N.
HEALTH CARE SERVICES MANAGER

During the winter months many people will become sick with generalized symptoms of headache, sore throat, fever, cough, nausea/vomiting and generally not feeling well. People will often state they have the "flu" — even if they had a flu shot.

The fact is that there are many viruses that go around during the winter months that have the same type of symptoms and may not be the flu.



Respiratory syncytial virus (RSV) is a very common virus that leads to cold-like symptoms in adults and older healthy children. It can be more serious in young babies. The infection can occur in people of all ages and symptoms vary with age.

Adenoviruses are common viruses that can cause illness in humans and can cause respiratory conditions. The viruses may also cause fever, diarrhea, pink eye (conjunctivitis), bladder infection (cystitis), or rash illness. Infants and people with weakened immune systems or existing respiratory or cardiac disease are at higher risk of getting sick from an adenovirus infection.

Human metapneumovirus can cause infections in the upper and lower respiratory tract in people of all ages. Upper respiratory tract infections include colds, while lower respiratory tract infections include pneumonia or bronchitis. Most people with hMPV infection have mild symptoms. But some people have more severe illness, with wheezing, difficulty breathing, hoarseness, cough, pneumonia, and a flare-up of asthma.

The viruses mentioned are just a few that may be circulating. It is best not to self-diagnose. The best way to identify some of these viruses is by a lab test performed by a doctor. If a high fever and/or severe vomiting and diarrhea persists for more than 24 hours, then a trip to the doctor or urgent care is recommended for diagnosis and treatment.

SOURCE & FOR MORE INFORMATION:
cdc.gov

CONTRACT UPDATE

LIST OF EXCLUDED INDIVIDUALS/ENTITIES • LEIE

—Jill Houtchens
PROGRAM MONITORING SUPERVISOR

In the most recent contract revision, a requirement was included for the Qualified Vendor to conduct a search of the **List of Excluded Individuals/Entities (LEIE)** database through the Office of the Inspector General (OIG), U.S. Department of Health & Human Services (HHS) website.

This requirement is located in Section 6.8.2.16.2 Terms and Conditions of the QVA: As a registered provider with AHCCSA, Qualified Vendors are obligated under 42 C.F.R. § 1001.1901 (b), to screen all employees, contractors, and/or subcontractors to programs. **Qualified Vendors can search the HHS-OIG website at no cost by the names of any individuals or entities.** The database is called LEIE and can be assessed at <http://www.oig.hhs.gov/fraud/exclusions.asp>.

Federally funded health care programs are prohibited from paying for services provided by individuals or entities that have been involved with fraud, abuse, or have had license suspension or revocation. To protect and safeguard these programs, the OIG excludes the provider from participation. Information about the individual or entity is entered into the LEIE, a database that maintains information about all excluded providers. This information includes the provider's name, address, provider type, and the basis of the exclusion.

The Division will be following up with Qualified Vendors during routine monitoring reviews of staff training to ensure they have systems in place to conduct and document this required screening of its employees, contractors, and subcontractors. *For additional information, please contact the DDD Contracts Unit @ 602-542-6874 or 866-229-5553 (toll free).*